

# TCH Blunt Abdominal Trauma Protocol

V4

Approved October 2016

# BLUNT ABOMINAL TRAUMA - UNRELIABLE EXAM

Significant mechanism for abdominal trauma (excluding NAT)  
(ex. MVC, Autoped, Fall > 3x patient height, Sports injury)

## Unreliable or Equivocal Abdominal Exam

(ex. GCS < 15, Distracting injury, Young age)

Abdominal Trauma Labs:

Lab	Positive
H/H	Hgb < 10
AST/ALT	either > 200
Amylase/lipase	either > 100

**CONSULT SURGERY**

Labs, gross  
hematuria\* or  
positive FAST

CT abd/pel with IV contrast

(\*Gross hematuria alone: obtain bilateral  
Renal Doppler Ultrasound only)

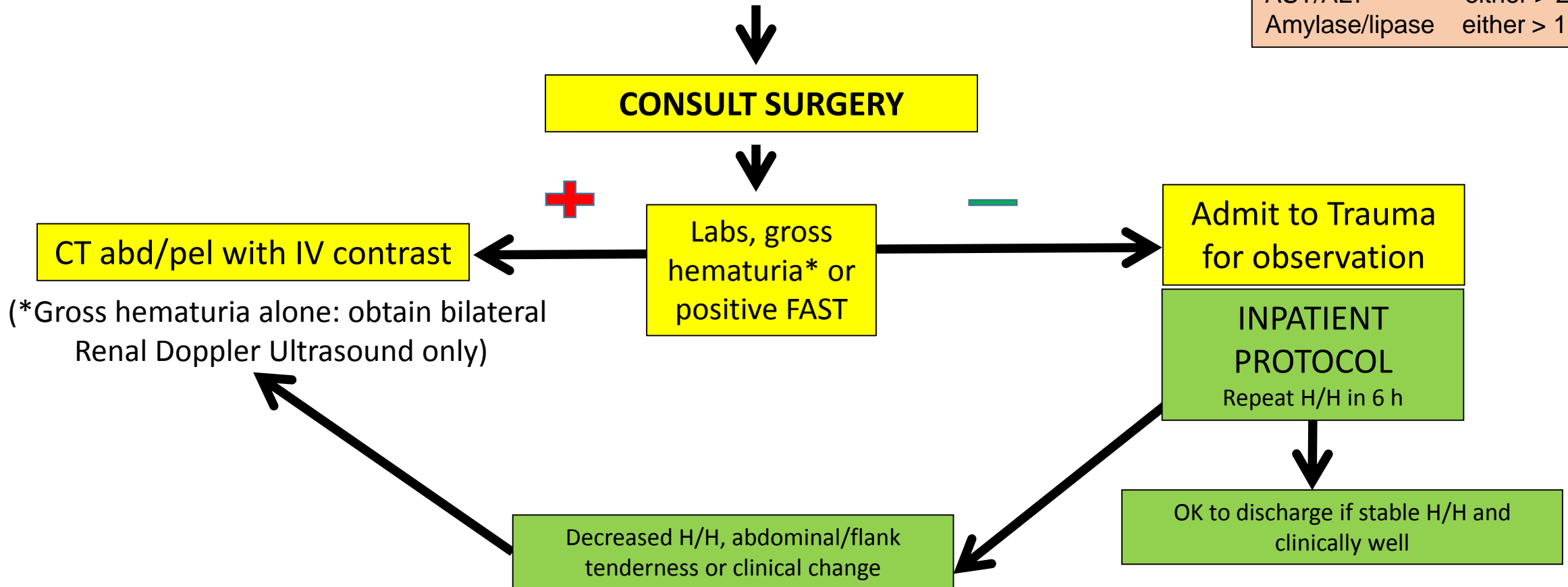
Admit to Trauma  
for observation

**INPATIENT  
PROTOCOL**

Repeat H/H in 6 h

Decreased H/H, abdominal/flank  
tenderness or clinical change

OK to discharge if stable H/H and  
clinically well



# BLUNT ABDOMINAL TRAUMA - RELIABLE EXAM

GCS 15, significant mechanism for abdominal trauma (excluding NAT)  
(ex. MVC, Autoped, Fall > 3x patient height, sports injury)

## Reliable Abdominal Exam

Abdominal Trauma Labs:	
Lab	Positive
H/H	Hgb < 10
AST/ALT	either > 200
Amylase/lipase	either > 100

Abdominal/Flank tenderness?

**MOD/SEVERE  
TENDERNESS**

**MILD  
TENDERNESS**

**NON-TENDER**

**CONSULT SURGERY**

**CONSULT SURGERY**

Labs, gross hematuria\* or  
positive FAST

CT abd/pel with IV contrast  
H/H

Labs, gross hematuria\* or  
positive FAST

OK to discharge from  
EC after 4-6 hrs post-  
injury if pain-free,  
tolerating PO, normal  
labs and no  
additional injuries  
needing admission

**Admit to Trauma for observation**

Repeat H/H in 6 h, follow inpatient protocol

(\*Gross hematuria alone: obtain bilateral  
Renal Doppler Ultrasound only)

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# BLUNT ABDOMINAL TRAUMA - ABDOMINAL WALL BRUISING

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- Maintain strict spinal precautions (logroll) until spinal imaging shows no fracture
- Imaging
  - Lumbar recon from CT abd/pelvis
  - If no CT then L-spine series

